



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2021 Rate Renewal Exclusively for
 Iron Mountain Public Schools**

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347107
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610A - APA - UP Teachers

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 3	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 2 Family: 18	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000	27	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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Quote #: 347107
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610A - APA - UP Teachers

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-01 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 3 Family: 21	\$32.73 \$62.92 \$122.25	\$32.73 \$62.92 \$122.25
Vision Plan Year:	VSP 3 Jul-Jun	Single: 3 2-Person: 4 Family: 26	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$135,000	27	\$0.12 \$0.60	\$0.15 \$0.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$135,000	27	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single \$41.07 \$41.22
 Total Monthly Rate per Member: 2-Person \$79.97 \$80.12
 Total Monthly Rate per Member: Family \$147.52 \$147.67

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Quote #: 347107
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610A - APA - UP Teachers

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-02 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 1 Family: 5	\$31.53 \$59.47 \$117.76	\$31.53 \$59.47 \$117.76
Vision Plan Year:	VSP 3 Jul-Jun	Single: 3 2-Person: 4 Family: 26	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$60,000	6	\$0.12 \$1.20	\$0.15 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$60,000	6	\$0.03 \$0.30	\$0.03 \$0.30
Total Monthly Rate per Member: Single			\$40.62	\$40.92
Total Monthly Rate per Member: 2-Person			\$77.27	\$77.57
Total Monthly Rate per Member: Family			\$143.78	\$144.08

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Quote #: 347107
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 2	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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 Date Created: 07/31/2020

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-07 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 3	\$33.44 \$61.90 \$122.77	\$33.44 \$61.90 \$122.77
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$500,000	4	\$0.12 \$12.00	\$0.15 \$18.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$500,000	4	\$0.03 \$3.00	\$0.03 \$3.75
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,000 \$4,500 365 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$18,000	4	\$0.39 \$17.55	\$0.45 \$20.25
Total Monthly Rate per Member: Single			\$73.58	\$83.78
Total Monthly Rate per Member: 2-Person			\$110.75	\$120.95
Total Monthly Rate per Member: Family			\$179.84	\$190.04

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 Date Created: 07/31/2020

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-08 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$33.06 \$62.48 \$124.32	\$33.06 \$62.48 \$124.32
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$500,000	4	\$0.12 \$12.00	\$0.15 \$18.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$500,000	4	\$0.03 \$3.00	\$0.03 \$3.75
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,000 \$4,500 365 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$18,000	4	\$0.39 \$17.55	\$0.45 \$20.25
Total Monthly Rate per Member: Single			\$73.20	\$83.40
Total Monthly Rate per Member: 2-Person			\$111.33	\$121.53
Total Monthly Rate per Member: Family			\$181.39	\$191.59

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Quote #: 347107
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610G - APA - UP Non Union Staff

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 2 Family: 3	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 0	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 2	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000	12	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

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Quoted Group(s): 610G - APA - UP Non Union Staff

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-05 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 4 2-Person: 3 Family: 5	\$33.46 \$63.89 \$123.28	\$33.46 \$63.89 \$123.28
Vision Plan Year:	VSP 3 Jul-Jun	Single: 4 2-Person: 3 Family: 9	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$60,000	12	\$0.12 \$0.60	\$0.15 \$0.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$60,000	12	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single \$41.80 \$41.95
 Total Monthly Rate per Member: 2-Person \$80.94 \$81.09
 Total Monthly Rate per Member: Family \$148.55 \$148.70

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Quoted Group(s): 610G - APA - UP Non Union Staff

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-06 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 4	\$29.66 \$57.24 \$112.18	\$29.66 \$57.24 \$112.18
Vision Plan Year:	VSP 3 Jul-Jun	Single: 4 2-Person: 3 Family: 9	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$40,000	4	\$0.12 \$1.20	\$0.15 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$40,000	4	\$0.03 \$0.30	\$0.03 \$0.30

Total Monthly Rate per Member: Single \$38.75 \$39.05
 Total Monthly Rate per Member: 2-Person \$75.04 \$75.34
 Total Monthly Rate per Member: Family \$138.20 \$138.50

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 Date Created: 07/31/2020

Quoted Group(s): 610I - APA - UP Union Staff

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 0	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 0 Family: 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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Quoted Group(s): 610I - APA - UP Union Staff

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-03 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 0 Family: 2	\$31.24 \$60.40 \$120.96	\$31.24 \$60.40 \$120.96
Vision Plan Year:	VSP 3 Jul-Jun	Single: 6 2-Person: 2 Family: 7	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.12 \$0.60	\$0.15 \$0.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single \$39.58 \$39.73
 Total Monthly Rate per Member: 2-Person \$77.45 \$77.60
 Total Monthly Rate per Member: Family \$146.23 \$146.38

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 Date Created: 07/31/2020

Quoted Group(s): 610I - APA - UP Union Staff

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06418-04 100% (X-Rays) 80% 80% \$1,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 2 Family: 5	\$27.96 \$53.94 \$110.49	\$27.96 \$53.94 \$110.49
Vision Plan Year:	VSP 3 Jul-Jun	Single: 6 2-Person: 2 Family: 7	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$100,000	10	\$0.12 \$1.20	\$0.15 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$100,000	10	\$0.03 \$0.30	\$0.03 \$0.30

Total Monthly Rate per Member: Single \$37.05 \$37.35
 Total Monthly Rate per Member: 2-Person \$71.74 \$72.04
 Total Monthly Rate per Member: Family \$136.51 \$136.81

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 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

Quoted Group(s): 610K - APA-UP ACA Eligible Employees

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan	MESSA ABC Plan 3 (7Z)			
IN Deductible:	\$3500/\$7000	Single: 0	\$531.19	\$560.81
IN Coinsurance:	10%	2-Person: 0	\$1,195.17	\$1,261.83
OL/OV/SV Copay:	\$0	Family: 0	\$1,487.33	\$1,570.28
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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²Medical Rate includes 1.547% for federal and state taxes and fees.

COBRA RATES:

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